

Report of expert panel on changes in medical practice and the delivery of care—implications for the Medicare benefit package

ISSUE: Medical care has changed substantially since Medicare was enacted in 1965 in two main ways: the science of care has evolved and the settings in which care is delivered have changed. Scientific changes include increased reliance on new drugs and techniques that treat disease and often extend and improve quality of life. The emphasis has shifted from acute to chronic/long term care, with interest in the broad scope of care ranging from prevention to palliative care as opposed to mainly diagnosis and treatment. Primary care physicians now may be part of a team, with established protocols for certain conditions and case managers. The shift in techniques and emphasis has impacted the sites in which care is provided. For example, many procedures now do not require an overnight stay and both physicians and patients may have access to information on the internet, though do not necessarily use it to communicate with each other. Given all of these changes, does the current Medicare benefit package enable beneficiaries to avail themselves of the most current and effective techniques and treatments? Do these changes affect the ability of Medicare to deliver on its original goals of providing beneficiaries with financial protection against high medical expenses and improved access to care.

KEY POINTS: The Commission is sponsoring an expert panel to discuss changes in medical practice and delivery of care since 1965 and implications for the Medicare benefit package. The panel will consist of fourteen individuals with experience in technology and medical practice advances, health care financing and delivery, epidemiology and geriatric medicine. Specific questions to be addressed include:

- What are the major ways in which the care provided today differs from the past?
- How have the settings of care changed?
- How has the role of drugs changed in the treatment of the elderly and disabled?
- How important is coordination of care, care management, and team based care for Medicare? For which beneficiaries?
- Does the Medicare system accommodate changes in medical technology and clinical practice?
- To what extent does the structure of Medicare's traditional fee-for-service program serve as a barrier to better coordinating care?

A written summary of the panel discussion and findings will be available at the meeting. The goal of this presentation is to inform Commissioners of the panel's discussion and findings.

ACTION: Commissioners should discuss the implications of the panel's findings for the Medicare benefit package. Should the package be altered? If so, in what manner? The Commission's conclusions will be part of the assessment of the adequacy of the benefit package to be contained in the June report.

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